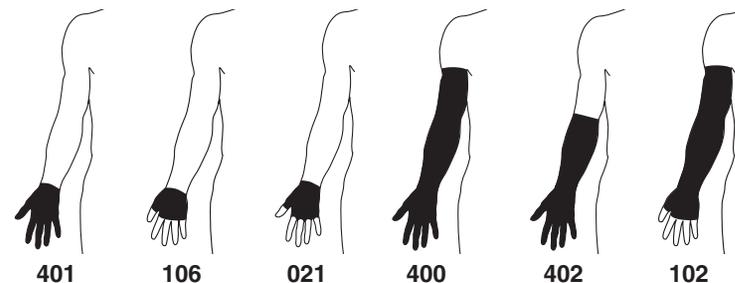


Purchase Order No	Date	Fitter's Phone No.
Ordered by	Patient	Age
Street	Ship to	
City State Zip	Street	
Fitter	City State Zip	



Please refer to our current price list for a description of these items

HOTLINE SERVICE

(Guaranteed delivery in 4-5 business days, or less) **Additional Cost**

REQUIRED Allergies:

Allergic to silicone? Yes, No, NA | Allergic to metal? Yes, No, NA

GLOVES ABOVE WRIST ALSO REQUIRE FORM 035 OR 036

Left Hand (or) Right Hand

OPTIONS & EXTRAS:

Slant Inserts

Zipper:

Indicate length & location

● **Fingertips:**

Open (or) Closed

If Open, indicate length desired in applicable box. Note as "Open".

● **Glove Length:**

To wrist (or)

*Above wrist (or)

*To axilla

*Gloves above wrist also require Form F-035 or F-036.

● **Elastic Band at Wrist:**

Regular - 1"

Regular - 2"

Silicone - 1"

Silicone - 2"

None

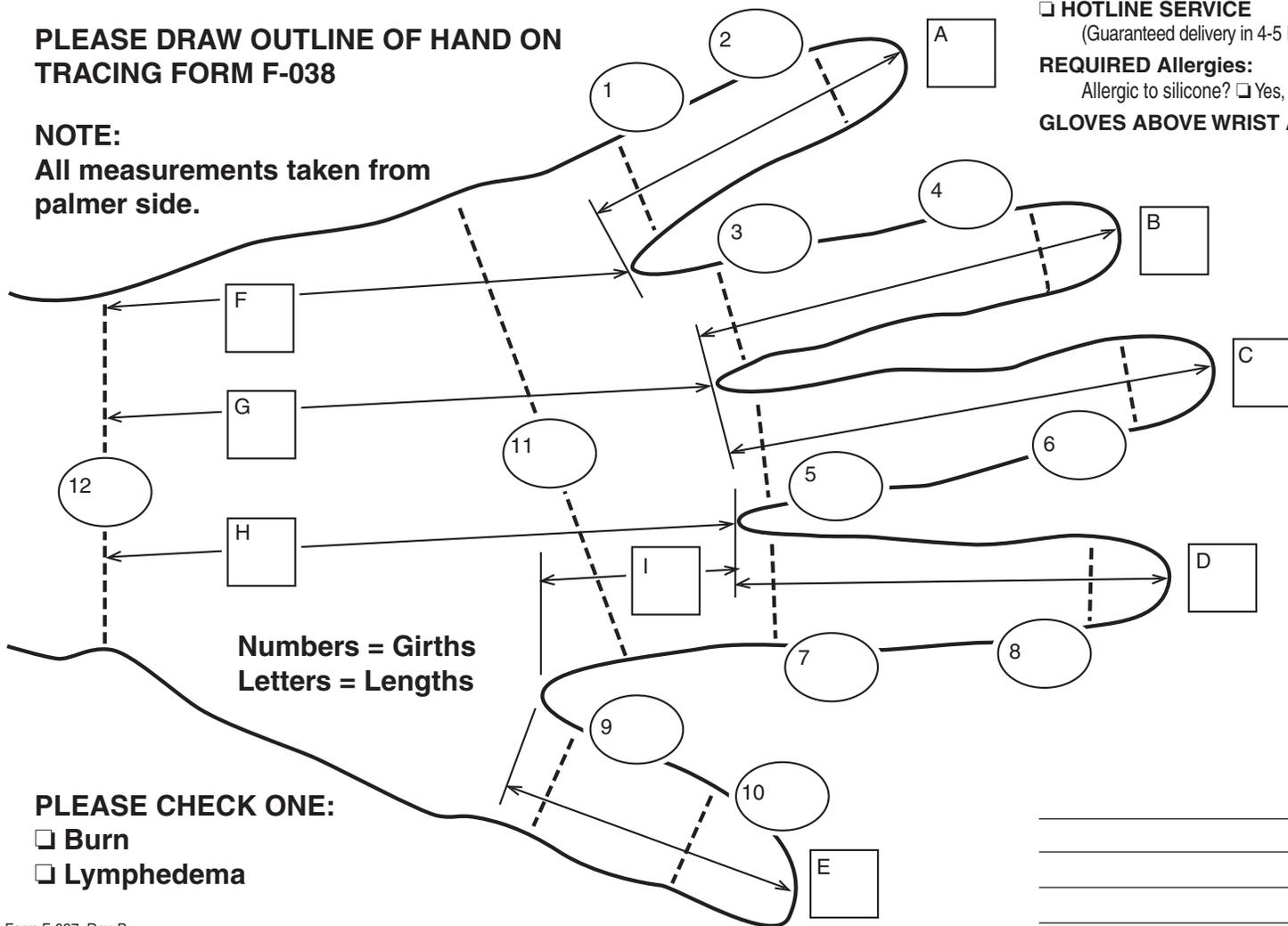
● **Garment Color No:** _____

COMMENTS & INSTRUCTIONS:

PLEASE DRAW OUTLINE OF HAND ON TRACING FORM F-038

NOTE:

All measurements taken from palmer side.



Numbers = Girths
Letters = Lengths

PLEASE CHECK ONE:

Burn

Lymphedema